

MISSOURI DIVISION OF HEALTH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STANDARD CERTIFICATE OF DEATH

63-023593

DO NOT WRITE
ON THIS STUB

DEP

AMENDED
AMENDED

Registration District No.

64

Primary Registration District No.

5247 5243

Registrar's No.

STATE FILE NUMBER

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY <i>Chautau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Chautau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Chautau Township</i>		c. CITY OR TOWN <i>Forest Green</i>	
c. FULL NAME OF (IF NOT in hospital, give location) <i>3 mi north of Glasgow</i>		d. STREET ADDRESS (If outside, give location) <i>3 mi north of Glasgow</i>	
3. NAME OF DECEASED (Type or print) <i>John Richard AVERY</i>		4. DATE OF DEATH Month <i>June</i> Day <i>24</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 31, 1881</i>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cripple - Chores only</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	
11. BIRTHPLACE (City and state or country) <i>Chautau Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13. FATHER'S NAME <i>John Avery</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. John Preatzler Forest Green</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary artery thrombosis</i> DUE TO (b) <i>Chronic atherosclerosis</i> DUE TO (c) <i>Diabetes Mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Several months</i> <i>Several years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Capillary Decompensation</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>9:45 P.M.</i> Month, Day, Year <i>6-24-63</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Forest Green</i>	
20g. COUNTY <i>Chautau</i>		20h. STATE <i>Mo</i>	
21. I attended the deceased from <i>4-28-62</i> to <i>6-24-63</i> and last saw him alive on <i>6-24-63</i> . Death occurred at <i>9:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) <i>Henry D. Smith DO</i>		22b. ADDRESS <i>Salem, Mo</i>	
22c. DATE SIGNED <i>6-27-63</i>		22d. (State)	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial June 27, 1963</i>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <i>Salem Lutheran</i>		23d. LOCATION (City, town, or county) <i>Forest Green Mo</i>	
24. FUNERAL DIRECTOR <i>Freemont Funeral Service Glasgow Mo</i>		25. DATE RECD. BY LOCAL REG. <i>7-2-63</i>	
26. REGISTRAR'S SIGNATURE <i>Donald W Berry</i>			

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. J. Freeman

Licensed Embalmer No.

3978

P. O. Address

Glasgow, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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